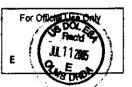
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in oriminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2677	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / \$1 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name MICHAEL A. STRAETER	Name UNITED FOOD & COMMERCIAL WORKERS UNION		
	LOCAL 1442 Labor Organization File Number 039-918		
P.O. Box, Bidg., Room No., if any P.O. BOX 1750	P.O. Box, Building and Room Number, if any P.O. BOX 1750		
Street 1410 2ND ST., 2ND FLOOR	Street 1410 2ND ST., 2ND FLOOR		
City SANTA MONICA	Chy SANTA MONICA		
State CA ZIP Code +4 90406-1750	State CA ZIP Code + 4 90406-1750		
5. Position in labor organization. PRESIDENT			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
signed Michael A. Struttu	On <u>\$\eta_{- -05}\$</u> \( \frac{\( \frac{3}{0} \) \( \frac{3}{95} - \frac{9}{9} \) \( \frac{7}{1} \) \( \frac{1}{0} \) \( \frac{3}{0} \) \( \frac{3} \) \( \frac{3}{0} \) \( \frac{3}{0} \) \( \fra		

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

- +	
Name of Person Filing MICHAEL A. STRAETER	File Number U- 2611
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name AMERICAN REALTY ADVISORS  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 801 No BRAND Blod 5-800  City Glendele  State CA ZIP Code +4 91203	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	11.a. Nature of such dealing.  REPLESTATE TRUESTMENT MANAGER FOR PENSION FYND  11.b. Approximate dollar value of such dealing. \$1648,570.1  12.a. Nature of interest held or income received.
State CA ZIP Code + 4 .90630-0010	GOLF/ LUNCH SPONSOR December 22  12.b. Amount. \$1051
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name:	
Trade Name, if any:	

Form LM-30 (2003)

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer or Consultant

,				
Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any).  Name PYM CO  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 8 40 NEW PORT CENTER DRIVE  City NEW PORT BENCH  State CA  ZIP Code + 4 92 660	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	INVESTMENT MANDEETR FOR PENSION FUND			
P.O. Box, Bldg., Room No., if any P.O. BOX 6010				
Street 6425 KAIELLA AVE.	11.b. Approximate dollar value of such dealing. #1,589,156 •			
State CA ZIP Code + 4 90630-0010	12.a. Nature of interest held or income received.  DIN NER  DECEMBER 15			
	12.b. Amount. # 60			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name:			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	,		
State ZIP Code + 4	The state of the s		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing MICHAEL A. STRAETER	File Number 0-267/		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name HEPLTH MANAGEMENT CENTER.	9. Business deals with:		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 32 HAMPDEN ST, 2ND PLOWS	a. Labor Organization  X b. Trust  c. Employer		
State MA ZIP Code +4 O1/103			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	HEALTH + REHAB. FOR BENEFIT FUND TRUST  11.b. Approximate dollar value of such dealing. \$2,275,921.  12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name:			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing MICHAEL A. STRAETER	File Number U- 26//			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, If any).	9. Business deals with:			
Name S.C. U.F.C.W AND FOOD EMPLOYERS JOINT TRUST FUNDS	a. Labor Organization			
Trade Name, if any:	X b. Trust			
P.O. Box, Bldg., Room No., If any 6010	c. Employer			
Street 6425 KATELLA AVE				
City CYPDESS  State CA ZIP Code +4 90630—  bo 10				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name S.C. UNITED FOOD & COMMERCIAL WORKERS	MICHAER AD STRAFTER			
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS Trade Name, if any:	IS A. TRUSTEE			
P.O. Box, Bldg., Room No., If any P.O. BOX 6010	ON THESE FUNDS			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing.			
City CYPRESS				
State CA ZIP Code + 4 90630-0010	REIM BURSEMENT OF EXPENSES FOR ATTENDANCE AT THE			
	FOR ATTENDANCE AT THE TITER MATIONAL FOUNDATION EDUCATIONAL CONFERENCE EDUCATIONAL CONFERENCE			
	EDUCATIONAL CONFE			
	11/29 - A15/2004			
	12.b. Amount. \$32.92,			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.			
Name :				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	Assessing to a proper value of the company angular annual assessing to the company of the compan			
13 h is the Rusiness an Employer	14.b. Amount of payment.			

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2611		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your tabor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name BLWE CROSS OF CAMPORNIA	9. Business deals with:		
Trade Name, if any:	a. Labor Organization X b. Trust		
P.O. Box, Bidg., Room No., if any	enve <sub>n</sub>		
Street 21 555 OXNARD ST, MIS AC-PC	c. Employer		
CITY WOOD LAND HILLS			
State CA ZIP Code + 4 91367			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND	HEARTH CARE NET WERT PROVIDETE FOR		
Trade Name, if any:	YDOVIDED FOR		
P.O. Box, Bidg., Room No., if any P.O. BOX 6010	BENEFIT FUND TRUST		
Street 0423 KAIELLA AVE.	11.b. Approximate dollar value of such dealing. \$3,764,116		
City CYPRESS	12.a. Nature of interest held or income received.		
State CA ZIP Code + 4 90630-0010	DINNER		
	DINNER December 4th		
	Spouse included		
	12.b. Amount. 330		
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	,		
State 7ID Code + 4			

13.b. Is the Business an Employer

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
<del></del>			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	. C. Empoyei	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name :		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name: GOLDMAN SACHS ASSET MANAGEMENT		
Trade Name, if any:	DINNER December 3rd Spouse included	
P.O. Box, Bldg., Room No., if any	1 3 d	
Street 555 CAUFORNIA ST	December 3000	
City SAN FRANCISCO	SPOUSE IN CLUDED	
State CA ZIP Code + 4 94104		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name LAZARD ASSET MANAGEMENT LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30 ROCKEFELLER PLAZA  City NEW YORK  State N. Y. ZIP Code +4 10112-  6300	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010 Street 6425 KATELLA AVE.	INVESTMENT MANAGER FOR PENSION FUND		
Street 0423 KAIELLA AVE.	11.b. Approximate dollar value of such dealing. # 7.53,534,		
City CYPRESS  State CA ZIP Code + 4 90630-0010	12.a. Nature of interest held or income received.  Dintage  December 2 ND  Spause IN CLUDED		
	12.b. Amount. 4140		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.		

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing MICHAEL A. STRAETER		File Number U- 2677		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name UNION BANK OF CALIFORNIA  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 445 South F16utroa Street  City Los ANGELES	9. Business deals with:  a. Labor Organizati X b. Trust  c. Employer	ion		
State CA ZIP Code +4 90071				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010	Corpo	RATE CO-TRUSTEE		
Street 6425 KATELLA AVE.	11.b. Approximate dollar value	e of such dealing. #467, 112.		
City CYPRESS	12.a. Nature of interest held			
State CA ZIP Code + 4 90630-0010	Spous	FINCLUDED		
	12.b. Amount	20		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Manageria (1904) Names (1) - Company (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904)		
Name:	A management of the state of th			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				

13.b. Is the Business an Employer ........................... or Consultant

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MORGAN STANLEY	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
street 440 South LA SALLE ST	o. Employer	
city Chicago		
State IL ZIP Code + 4 60605		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	REAL ESTATE INVESTMENT	
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	PRIME PROPERTY FUND	
Street 6425 KATELLA AVE.	41.h Assessing to delice of such dealing # # # 72.7 . 0.3.2	
City CYPRESS	11.b. Approximate dollar value of such dealing. \$522,623.	
State CA ZIP Code + 4 90630-0010	* *	
	NOVEMBER 29 DECEMBER !	
	Spouse included in Both	
	12.b. Amount. \$160 \$100	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name ·		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13 b le the Business on Employee	14.b. Amount of payment.	

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UNION LABOR LIFE INSUPANCE 20  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1625 EYE SF N.W.  City WAShINGFa N  State D. C. ZIP Code +4 20066	9. Susiness deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.	J FUR JOBS
	11.b. Approximate dollar value of such dealing. #64, 170.
City CYPRESS	12.a. Nature of interest held or income received.
State CA ZIP Code + 4 90630-0010	lunch November 24
	12.b. Amount. \$30
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

,	
Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UNION LABOR LIFE INSURANCE CO,  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1625 EME ST Now.  City WASHINGTON  State D. C. ZIP Code +4 26606	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code +4 90630-0010	11.a. Nature of such dealing.  FN VEST MENT MGTS FOR  (NOR +6 MGE INVESTMENT FUND  J for JOBS  PENSION FUND  11.b. Approximate dollar value of such dealing. #64,170.  12.a. Nature of interest held or Income received.  GOLF / LUNCH Sponsor  Nonember 18
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	14.a. Nature of payment.
State ZIP Code + 4	·

13.b. Is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., If any	b. Trust c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name i	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
·	
	12.b. Amount.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon-	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name FRED ALGER MAWAGEMENT IN	
Trade Name, if any:	lunch
P.O. Box, Bldg., Room No., if any	/ when

State

Street /// FIFTH AV.
CITY NEW YORK, NEW YORK

13.b. Is the Business an Employer

NEW YORK ZIP Code +4 10003

or Consultant

November 3rd

#30

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in the pour labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name FREEMAN ASSOCIATES  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 9210  Street 16236 SAN DIE GUITO Rd.  P.O. BOX 9210  City RANCHO SANTA FE  State CA ZIP Code +4 92067	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.	11.a. Nature of such dealing.  INVESTMENT MINUAGER  FOR PENSION FUND  11.b. Approximate dollar value of such dealing. \$\frac{4}{3}\frac{8}{3}\frac{9}{9}\frac{3}{3}\cdot\$
City CYPRESS State CA ZIP Code + 4 90630-0010	12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)
	1 1

13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
State ZIP Code + 4	
City	
Street	
01	
P.O. Box, Bidg., Room No., if any	
Trade Name, if any:	
Name:	; ;
(Including trade name, if any).	

Neme	A.	Parson	Eillaa

MICHAEL A. STRAETER

File Number U- 2677

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LYNCH JONES + RYAN		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	X b. Trust c. Employer	
Street 1 SANSOME ST, 30th floor	U. Elipioyei	
on San Francisco		
State CA ZIP Code +4 94104		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.	
Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND	COMMISSION RECAPTURE	
Trade Name, If any:	o for	
P.O. Box, Bldg., Room No., If any P.O. BOX 27920	Commission RECAPTURE  Pension fund	
Street 2220 HYPERION AVE.	<u> </u>	
City LOS ANGELES	11.b. Approximate dollar value of such dealing. \$\\\\ \2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	12.a. Nature of interest held or income received.	
State CA ZIP Code + 4 90027-0920	C 500 -1500	
	GOLF SPONSOR	
	October 18th	
:	1	
	12.b. Amount. \$ 75	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name :		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State , , ; ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
<u></u>	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name GLOBEFLEX CAPITAL L.P.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street H365 EXECUTIVE DA., 5-720  City SAM DIEGO  State CA ZIP Code +4 92121	14.a. Nature of payment.  October 8+4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

substantial part of which consists of buying from, setling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or setling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PUTNAM INVESTMENTS  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street: INVESTORS WAY  City NOR WOUD  State MA ZIP Code +4 020 62	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 27920	INVESTMENT MANAGER FOR PENSION FUND
Street 2220 HYPERION AVE.	
City LOS ANGELES	11.b. Approximate dollar value of such dealing. \$328,75%
State CA ZIP Code + 4 90027 - 0920	DINNER  October 7th
	12.b. Amount. \$ 55
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2671
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UNION LABOR LIFE INSURPLICE CO.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1625 EYE St. N. W.  City WASHINGTON  State DC ZIP Code +4 20006	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010 Street 6425 KATELLA AVE.  City CYPRESS State CA ZIP Code + 4 90630-0010	11.a. Nature of such dealing.  TNVESTMENT MANAGER 1=0/2 PENSION FUND  MORT GAGE IN VESTMENT  FUND J TOR JOBS  11.b. Approximate dollar value of such dealing. \$64,170.  12.a. Nature of interest held or income received.  Q-28
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$\frac{1}{3}\text{O}
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Lebor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	
Street	

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

City

Name of Person Filing MICHAEL A. STRAETER	File Number U- 3611
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or Brectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	manage,
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ( '	
Trade Name, if any:	
Trace reality, it dry.	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	1 12.3. Parioutti.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name: LOOMIS SAYLES + CO. L.P.	
Trade Name, if any:	September 3
P.O. Box, Bldg., Room No., if any	Destember 3
Street 555 CALIFORNIA ST	100

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Form LM-30 (2003)

State

CITY SAN FRANCISCO

13.b. Is the Business an Employer

ZIP Code + 4 474104

Name of Person Filing MICHAEL A. STRAETER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business refy seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name FREE MAN ASSOCIATES  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 9210  Street 16236 SAN DIEGUITO RA  City RANCHO SAWFA FE  State CA ZIP Code +4 92067	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
	11.a. Nature of such dealing.
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	INVESTMENT MANAGER FOR
	a
	12.b. Amount. 4 125 (
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	1
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	·
City	
State ZIP Code + 4	

13.b. Is the Business an Employer or Consultant ?

Name of Person Filing MICHAEL A. STRAETER	File Number U- 26//
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectiv to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer
Street	o. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name '	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name: GLOBE PLEX CAPITAL LIP,	0
Trade Name, if any:	llench
P.O. Box, Bldg., Room No., if any	July 21
Street 4365 EXECUTIVE IN 5-720	blench July 21
CHY SAN DIE 60	· ·
State CB ZIP Code + 4 92121	
13.b. Is the Business an Employer 💢 or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2617
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (Including trade name, if any).  Name PATTERSON CAPITAL CORP.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2029 Century Park East 5-2950  City LOS ANGELES  State CA ZIP Code +4 90067	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.	11.a. Nature of such dealing.  IN VESTMENT  MONEY MANAGER FOR  PENSION FUND  11.b. Approximate dollar value of such dealing. \$377,208,
City CYPRESS	12.a. Nature of interest held or income received.
State CA ZIP Code + 4 90630-0010	July 646, lunch
	12.b. Amount. \$30
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	er parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. is the Business an Employer

ZIP Code + 4

Name	of Person	Filina

## MICHAEL A. STRAETER

File Number U-	2611
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B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your later or or an exployer whose employees your from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business sety seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name '	
Trade Name, if any:	The state of the s
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name: VICTORY CAPITAL MANAGEMEN	
Trade Name, if any:	111000
P.O. Box, Bldg., Room No., if any	Juven
Street 50 FOUNTAIN PLAZA 5th City BUFFALO	Munch July 2
State N. 4, ZIP Code + 4 ) 4 202	The state of the s
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 3477
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UNION LABOR LIFE THEURANCE CO.	9. Business deals with:
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bldg., Room No., if any Street 1625 EYE ST, N.W.	c. Employer
city WAShINGTON	
State D:C: ZIP Code +4 2060 6	
10. If 9.b. or 9.c. is checked give trust or employer's name.	TNVESTMENT MANALER FOR PENSION FUND
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND	MORT GAGE IN VESTMENT
Trade Name, if any:	FUND - I for JOBS
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	
Street 6425 KATELLA AVE.	44 h Annousimento dell'accordina ef anche deciliare and 1 14 100 c
City CYPRESS	11.b. Approximate dollar value of such dealing.
State CA ZIP Code + 4 90630-0010	
	di sa a sa s
	12.b. Amount. \$130
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bkdg., Room No., if any	
Street	
City	
State ZIP Code + 4	
THE FA. THE STATE OF THE STATE	14.b. Amount of payment.

13.b. Is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 36 7/
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or setting or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business titvely seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZiP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name '	
Trade Name, if any:	
en en entrepagnen engen mediatrika transporter entrepagnen en entre en	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	<u> </u>
	12.b. Amount.
C. Received from any employer (other than an employer covered un- or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name: U.S. BANCORP ASSET MGT.	
Trade Name, if any:	lunch June 17th
P.O. Box, Bldg., Room No., if any	Tuna 17th

\$ 30

Form LM-30 (2003)

City

State

MINNEAPOUS

13.b. Is the Business an Employer 🔀

800 NICOLIET MALL

MN ZIP Code +4 55402

<del></del>				
Name of Person Filing MICHAEL A. STRAETER	File Number U-2 6 77			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, If any).  HENLTH MYNAGEMENT CENTER  Name HMC/EBS  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 32 HAMPDEN St, 2ND floor  City Spring Field  State MA ZIP Code +4 01103	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.			
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010	Revider Trust with SERVICES FOR MENTAL HEALTH AND REHAB,			
Street 6425 KATELLA AVE.	11.b. Approximate doltar value of such dealing. \$2,275, 921.			
City CYPRESS	12.a. Nature of interest held or income received.			
State CA ZIP Code + 4 90630-0010	lunch June 9th			
	12.b, Amount. #30			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	·			
City				
State ZIP Code + 4				

13.b. Is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	g i ghor Amenization			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street	Comment of the Commen			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name `				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name AMBLGAMATED BANK				
Trade Name, if any:	lunch			
P.O. Box, Bidg., Room No., if any	Tune 1			
Street 60 S. LOS ROBLES AVE	June 1			
City POCA NEWS A				

#30

ZIP Code +4 9110 1

or Consultant

13.b. Is the Business an Employer

B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Blue Cress of Chulfornin  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 21555 DX N472D St., Mis Ac-Pe  City WOODLAND HILLS  State ZIP Code +4 9/367	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	BENIFIT FUND TRUST  11.b. Approximate dollar value of such dealing. \$\frac{1}{3}, 764, 116.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bklg., Room No., if any  Street	14.a. Nature of payment.
City	

14.b. Amount of payment.

13.b. Is the Business an Employer

			 	<del> </del>
Name of Person Filing	MICHAEL A.	STRAETER		File Number U-2677

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name '	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount,
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AMERICAN UNION HOME LOAMS  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 3200 BRISTOL ST 7th floor  City COSTA MESA  State CH ZIP Code +4 92626	GOLF SPONSOR May 20th
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment 400

Name of Person Fling MICHAEL A. STRAETER	File Number U-2677	
B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any).  Name UNION BONK OF CHUPTRUIT	9. Business deals with:	
Trede Name, If any:	a. Labor Organization X b. Trust	
Street 445 South FIGUERDA 5 the	c. Employer	
City Los AUGEUFS State CA ZIP Code + 4 [967]		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND	CORPORATE CO-TRUSTEE	
Trade Name, if any:	FOR PENSION FUND	
P.O. Box, Bldg., Room No., If any P.O. BOX 27920		
Street 2220 HYPERION AVE.	11.b. Approximate dollar value of such dealing. \$467,117.	
City LOS ANGELES	12.a. Nature of interest held or income received.	
State CA ZIP Code + 4 90027 - 0920	DINNER	
	MAY 19th	
•		
	12.b. Amount. \$ 65	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name :		
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street		
City		
State ZIP Code + 4		

13.b. Is the Business an Employer

Nome	~6	Person	Cilian
Nama	OΓ	PAIRON	FILING

MICHAEL A. STRAETER

File Number U- 2677

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
3 - Arrangon P.V. F. Fallettimoreum con con transference concernation and transference concerns concer	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street :	
City:	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	Company of the Compan
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
Name: AMERICAN UNION HOME LOANS	
Trade Name, if any:	GOLF SPONSOR
P.O. Box, Bldg., Room No., if any	mar 19 Ha
Street 3200 BRISTOL ST 7th flow	14147
CHY COSTA MESA	
State CA ZIP Code + 4 92626	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name MORGAN STANLEY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 440 South LA SALLE ST,  City Chich 60  State IL ZIP Code +4 60605	9. 8usiness deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	11.a. Nature of such dealing.  INVESTMENT MANAGER FOR PENSION FUND  REMLESTATE IN VESTMENT  SERVICES  PRIME PROPERTY FUND  11.b. Approximate dollar value of such dealing. \$520,023.  12.a. Nature of interest held or income received.  DINNER  MAY 18th  12.b. Amount. \$60
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value,
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.
Street	
City	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: AMERICAN UNION HOME LOANS	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3200 BRISTOL St 7th FLOOR  City COSTA MESA	GOLF SPONSOR MAY 18th

ZIP Code +4 92626

or Consultant

13.b. Is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name:	a, Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZIP Code +4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Comments	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: THE YUCAIPA COMPANIES  Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	DINNER MAY)7H

\$65,

ZIP Code +4 90069

or Consultant

13.b. is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	· · ·
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name '	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name: GROSSLIGHT INS	GOLF & LUNCH
Trade Name, if any:	GOLF 4 LUNCH
P.O. Box, Bidg., Room No., if any	

#145.

City

State

Street 1333 WEST WOOD BLVD & S-200

ZIP Code +4 90024

or Consultant

LOS ANGELES

13.b. Is the Business an Employer

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included the policy of the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name UNION LABOR LIFE INSURANCE CO.	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 1625 E4F ST., N.W.	
on Washington	
State DISTRICT OF COLAMBIA	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  INVESTMENT MANHEER FOR PENSION
Name S.C. UNITED FOOD & COMMERCIAL WORKERS	MORTGAGE INVESTMENT
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	FUND - I for Jobs
P.O. Box, Bidg., Room No., if any P.O. BOX 6010	
Street 6425 KATELLA AVE.	
City CYPRESS	11.b. Approximate dollar value of such dealing. # 64, 170)
	12.a. Nature of interest held or income received.
State CA ZIP Code + 4 90630-0010	
	May 5th
	12.b. Amount. #30
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	1
Name .	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	

14.b. Amount of payment,

13.b. Is the Business an Employer

or Consultant

Street

City

State

Name of Person Filing	MICHAEL A. STRAETER	File Number U- 2677
substantial part of which	derived income or economic benefit with monetary value from consists of buying from, selling or leasing to, or otherwise comployees your labor organization represents or is actively surplicities of buying from or selling or leasing directly or indirectly	dealing with the business eeking to represent, or

of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name MORGAN STANLEY	
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
street 440 South LASALLE ST	C. Elliptoyel
city chickes	
State ZIP Code +4 60685	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  INVESTMENT MANAGER FOR LENSION FUND
Name S.C. UNITED FOOD & COMMERCIAL WORKERS	REAL ESTATE INVESTMENT
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	SERVICES
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	PRIME PROPERTY FUND
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. \$ 572 \ 1023 e
City CYPRESS	12 a Nature of interest held or income received
State CA ZIP Code + 4 90630-0010	DINNER SPOUSE INCLUDED
	DINNER SPOUSE INCLUDED  APRIL 27th
	12.b. Amount. #100;
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	

14.b. Amount of payment.

Form LM-30 (2003)

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Neme	of Person	Ellina
MAILER	ULFBIAR	

## MICHAEL A. STRAETER

File Number U-2617

B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acth (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name F.T. I. INSTITUTIONAL	
Name File Le Linziii ali ali	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	X b. Trust
•	c. Employer
Street 500 EAST BROWARD BLVD	
CHY FORT LAUDER DALE 3-2100	
State FL ZIP Code +4 33394-	
3007	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND	INVESTMENT MANAGER FOR
Trade Name, if any:	PENSION FUND
P.O. Box, Bldg., Room No., If any P.O. BOX 27920	
Street 2220 HYPERION AVE.	
City LOS ANGELES	11.b. Approximate dollar value of such dealing. 4441, 192.
in the second se	12.a. Nature of interest held or income received.
State CA ZIP Code + 4 90027 - 0920	COLF TLONZOK
	APRIL 27th
	APRIL 2'1911
	12.b. Amount. \$ 90 •
	12.b. Amount. 3 - 10 -
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
COLUMN TO THE PROPERTY OF THE	
Name:	
Trade Name, if any:	
P.O. Box, Bidg., Room No., If any	
Street	
City ,	
Clate	·
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND HEALTH AND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 27920 Street 2220 HYPERION AVE. City LOS ANGELES State CA ZIP Code +4 90027-0920

HEATH CARE NET WORK

PROVINER FOR BENEFIT FUND YOUST

11.b. Approximate dollar value of such dealing \$7,703,389.

12.a. Nature of interest held or income received.

11.a. Nature of such dealing.

lunch APRIL 21 A

12.b. Amount.

(including trade name, if any).	
Alama	
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	

State

Name of Person Filing MICHAEL A. STRAETER	File Number U-2677
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name BLUE CROSS OF CAUFORNIA  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  X b. Trust
Street 21555 DX NARD ST, MIS AC-PC City WOOD LAND HILLS State CA ZIP Code +4 91367	c. Employer
10. If 9.b. or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010  Street 6425 KATELLA AVE.	HEALTH CARE. NETWORK PROVIDER FOR BENEFIT FUND TRUST  11.b. Approximate dollar value of such dealing. #3,764,116.
City CYPRESS  State CA ZIP Code + 4 90630-0010	12.a. Nature of interest held or income received.  GOLF SPONSOR  APRIL 8
	12.b. Amount. # 65
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	

14.b. Amount of payment.

ZIP Code + 4

or Consultant

13.b. Is the Business an Employer

State

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name US BANCORP ASSET mgt, Trade Name, if any:  P.O. Box, Bidg., Room No., if any	Runch MARCH 30, 2004	
Street 800 NICOLLET MALL  City MINNEA POLI'S  State MN ZIP Code + 4 55402		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. #30	

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a Labor Omanization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street :	<del>v. wiipidy v.</del>	
City		
State ZIP Code + 4		
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name / `		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name GLOBE FLEX CAPITAL L.P.		
Trade Name, if any:	Runch March 25th	
P.O. Box, Bldg., Room No., if any	m. n. n.	
Street 4365 EXECUTIVE DAIVE	Murch do m	
City SAN DIEGO S-720	£ .	
State CA ZIP Code + 4 92121		
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name BLUE CROSS OF CAUFORNIA	
Trade Name, if any:	a. Labor Organization
	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 21555 OXNARD St, MIS AC-PC	
CITY WOODLAND HILLS	
State CA ZIP Code +4 9/367	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND	HEALTH CAME NETWORK
Trade Name, if any:	PROVIDER FOR
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	BENFIT FUND TRUST
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #3, 764,116.
City CYPRESS	12.a. Nature of interest held or income received.
State CA ZIP Code + 4 90630-0010	
,	lunch
	MARCH 24, 20004
	12.b. Amount. \$\daggeq 30
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	· ·
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	And a Constitution	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name : `		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZiP Code + 4		
* * * * * * * * * * * * * * * * * * * *		
	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name THE MARCO CONSULTING GROUP		
Trade Name, If any:	LUNCH	
P.O. Box, Bldg., Room No., if any	MATTCH 11, 2004	
Street 550 W. WASHINGTON BLVD		
city CHICAGO		
State		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. #30,	

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name MORGAN STANLEY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ONE FINANCIAL PLACE  440 South LA SALLE ST.  City Chicago  State IL ZIP Code + 4 60605	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 6010	11.a. Nature of such dealing.  TN VESTMENT MANAGET FOR PENSION FUND  REAL ESTATE INVESTMENT  SERVICES  PRIME PROPERTY FUND
Street 6425 KATELLA AVE.  City CYPRESS  State CA ZIP Code + 4 90630-0010	11.b. Approximate dollar value of such dealing. \$\\\ \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \
C. Received from any employer (other than an employer covered under from any labor relations consultent to an employer any payment of money	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	-
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing MICHAEL A. STRAETER	File Number U- 26//	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	- I -b O	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bidg., Room No., If any	c. Employer	
Street	The second of th	
City		
State ZiP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name '		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name LOBMIS. SAYLES +Co.L.P.	JANUARY 9, 2004	
Trade Name, if any:	JANUARY 9, 2004 DINNER	
P.O. Box, Bldg., Room No., if any	· .	
Street 555 California St		
Street 555 California 57 City San Francisio State CA ZIP Code + 4 94104	ı .	
State CA ZIP Code + 4 94104		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL A. STRAETER	File Number U- 2677	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
. Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer	
Street	C. Empoyer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name JANUS INSTITUTIONAL	DINNER	
Trade Name, if any:	DINNER JANUARY 7, 2004	
P.O. Box, Bldg., Room No., if any	District of the	
Street 2603 CAMINO RAMON S-200	·	
City JAN RAMON	· ·	
State CA ZIP Code + 4 9 4583	A STATE OF THE STA	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL A. STRAETER	File Number U-2671	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., If any	c. Employer	
Street	Marketti	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ( )		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12 h Amount	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name: VIRGINIA VENTURES, LLC	JANUARY 6, 2004	
Trade Name, if any:	JANUARY 6, 2004 DINNER	
P.O. Box, Bldg., Room No., if any		
Street 3001 TRAVIS POND ROAD		
CITY WILLIAMS BURG		
State VA ZIP Code + 4 23185		
	14.b. Amount of payment.	